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Pro Se

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FEDERAL DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
Clear Form

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Alan A. Cooke }
vs.

(see Complaint)

Plaintiff,

CASE NO. _____

Defendant.

APPLICATION TO PROCEED
IN FORMA PAUPERIS
(Non-prisoner cases only)

EMC

1. Alan A. Cooke declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

2. Are you presently employed?

Yes No

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

25 Gross: 0 Net: 0

26 Employer: _____

28 If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 _____
3 _____
4 _____

5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

- 7 a. Business, Profession or Yes ___ No
8 self employment?
- 9 b. Income from stocks, bonds, Yes ___ No
10 or royalties?
- 11 c. Rent payments? Yes ___ No
- 12 d. Pensions, annuities, or Yes ___ No
13 life insurance payments?
- 14 e. Federal or State welfare payments, Yes ___ No
15 Social Security or other govern-
16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19 Vet Benefits C \$910 mo.

20 3. Are you married? Yes ___ No

21 Spouse's Full Name: None

22 Spouse's Place of Employment: _____

23 Spouse's Monthly Salary, Wages or Income:

24 Gross \$ _____ Net \$ _____

- 25 4. a. List amount you contribute to your spouse's support: \$ 6
26 b. List the persons other than your spouse who are dependent upon you for support
27 and indicate how much you contribute toward their support. (NOTE: For minor
28 _____)

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

G.T.C. 17

5. Do you own or are you buying a home? Yes No

6. Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

7. Do you own an automobile? Yes No

8. Make _____ Year _____ Model _____

9. Is it financed? Yes No If so, Total due: \$ _____

10. Monthly Payment: \$ _____

11. Do you have a bank account? Yes No (Do not include account numbers.)

12. Name(s) and address(es) of bank: Bank of America

13. Present balance(s): \$ \$300

14. Do you own any cash? Yes No Amount: \$ 300 -

15. Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes No

16. What are your monthly expenses?

17. Rent: \$ 750 Utilities: 0

18. Food: \$ 150 Clothing: 0

19. Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
<u>AMEX</u>	<u>\$ 36.44</u>	<u>\$ 380</u>
<u>Capital One</u>	<u>\$ 59</u>	<u>\$ 2200</u>
<u>Delta AMEX</u>	<u>\$ 250</u>	<u>\$ 6900 -</u>

20. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

21. One credit card

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2 10. Does the complaint which you are seeking to file raise claims that have been presented in
3 other lawsuits? Yes No ✓

4 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5 which they were filed.

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8 I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9 false statement herein may result in the dismissal of my claims.

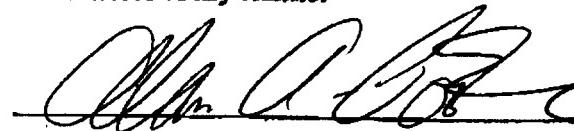
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12-30-07

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DATE



SIGNATURE OF APPLICANT

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